Case 7:22-cv-10056-PMH Document 37 Filed 08/24/23 Page 1 of 1 PROCESS RECEIPT AND RETURN

U.S. Department of Justice

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

	e e justica a savere e						COURT CASE NUM	RER		
PLAINTIFF Palph Podriguez							7:22-cv-10056-PMH			
Ralph Rodriguez										
DEFENDANT							TYPE OF PROCESS			
Burnett et al							Summons & Complaint			
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN C.O. Angel Matos, Badge # 13-24 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Green Haven Correctional Facility 594 Route 216 Stormville, NY 12582-0010									
	ADDRESS Green H	(Street or RFD, 2 Haven Correc	Apartment No., C ctional Facili	City, State and ZII ty 594 Route	P Code) e 216 Storm	ville, NY 125	582-0010			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							Number of process to be served with this Form 285			
Ralph Rodriguez 17-A-0928 Fishkill Correctional Facility P.O. Box 307 Housing Unit 9-1 Beacon, NY 12508							Number of parties to be			
							served in this case			
							Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):										
Signature of Attorney oth	er Originato	r requesting servi	ce on behalf of:	DI AIN	TTIRE	TELEPHONE	NUMBER	DATE		
Tany Arora Defendant							5/2/2023			
1 and	DACE DE	LOW FOR	CE OF HE	MADCHAT	ONLY DO	NOT WRIT	TE BELOW THIS			
								Date		
1 acknowledge receipt for the total number of process indicated. (Sign only for USM 285 is submitted) Total Process District of Origin Serve No. DSY							Deputy of Clerk	8/14/2023		
I hereby certify and return that I _ have personally served, _ have legal evidence of service, _ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.										
hereby certify and re	eturn that I a	m unable to locat	e the individual,	company, corpoi	ration, etc. name	d above <i>(See ren</i>	arks below)			
Name and title of individual served (if not shown above)							8/16/23	3'.05	am	
Address (complete only different than shown above)							Signature of U.S. Ma	irshal or Deputy		
							ORPH	sh 32	132	
		:=	Costs	shown on <u>attach</u>	ed USMS Cost S	Sheet >>		-		
REMARKS	5 h	1° ×	\$65 =	325			· · · · · · · · · · · · · · · · · · ·	55 55 55 55		
5 hrs x \$65 = 325 146 miles x \$.655 = 95.63										
19			4	420.6	3		d e e.			